

Bloomington Urban Enterprise Association



## **Loan Application**

**Return to:**

Showers City Hall, Room 130

401 N. Morton

P.O. Box 100

Bloomington, IN 47402

(812) 349-3805

## Loan Program Application

The information collected below will be used to determine whether the project qualifies for funding by the Bloomington Urban Enterprise Association. All information will be kept confidential.

<b>Applicant Information:</b>	
Applicant (include the names of all partners):	Phone:
Applicant Address (include Zip Code):	
Address of the Property (include Zip Code):	
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Specify: _____) <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Association (Specify: _____)	
Federal ID No.: _____	
Year of incorporation: _____ Length of time at this location: _____	
Contact Person: _____ Tel: (    ) _____	
Please give a brief description of your business/organization:	
Have you participated in any Zone tax incentives? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, which ones?	
<b>Project Description:</b>	
Requested amount of BUEA funds \$ _____	

**Economic Impact:**

Total number of jobs at location: \_\_\_\_\_ Number of new jobs added from project: \_\_\_\_\_

Are the new jobs:  FT (# \_\_\_\_ )  PT (# \_\_\_\_ )

Average management/professional staff wage: \_\_\_\_\_ Average service staff wage: \_\_\_\_\_

Average wage for new jobs: \_\_\_\_\_

Do these new jobs have benefits:  Yes  No

Please describe:

**Physical Impact:**

Cost of acquisition: \_\_\_\_\_

Is this property historically eligible? \_\_\_\_\_

Have you hired a contractor: \_\_\_\_\_

If so, who? \_\_\_\_\_

Address: \_\_\_\_\_

Will the contractor or subcontractors be Zone businesses? \_\_\_\_\_

If so, list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social Impact:**

Total number monthly participants: \_\_\_\_\_

Total number of monthly participants who live in the Zone: \_\_\_\_\_

Will this funding help you offer:

- Educational opportunities
- Job training
- Youth development
- Healthcare
- Self-sufficiency programs

Please attach information on your evaluation/outcome measurement tool and collected data.

Please list all existing or pending loans, grants or other funding on this property:

1. \_\_\_\_\_ \$ \_\_\_\_\_

Type:  Loan  Grant  Other ( \_\_\_\_\_ ) Status: \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

Type:  Loan  Grant  Other ( \_\_\_\_\_ ) Status: \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Type:  Loan  Grant  Other ( \_\_\_\_\_ ) Status: \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

Type:  Loan  Grant  Other ( \_\_\_\_\_ ) Status: \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Total Estimated Cost of Project:

Do you have clear title to the property?

Yes  No

<p>Do you intend to apply for:</p> <p>Local Tax Abatement:    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Tax Credits:                <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Other Assistance:         <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Specify: _____</p>	<p>Answer for all partners:</p> <p>1. Have you ever defaulted on a job/loan? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>2. Have you been adjudged bankrupt? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>3. Have you ever been debarred from the State or Federal contractor construction listing? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Have you discussed this project with the City Planning Department? If yes, please attach copy of approval letter. If no, please specify date of meeting.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No (Meeting date: _____ )</p>	
<p>Estimated construction start date: Currently underway</p>	<p>Estimated construction completion date:</p>

**Requirements:**

- Completed application, signatures and dated
- Copy of Deed to property, if applicable
- Offer to Purchase, if applicable
- Copy of plans, drawings, renderings, etc.
- Letter of appropriateness from HAND Historic Preservation Program Manager, if applicable
- Site Plan
- Project specifications/work write up with estimates, if applicable
- Zoning compliance/approval letter, if applicable
- Pro Forma Operating Budget
- Project Timeline

I hereby certify that the information provided in this application and in support of this application is given for the purposes of obtaining financial assistance from the Bloomington Urban Enterprise Association (BUEA) and is true and complete to the best of my knowledge.

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date